

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

NEWSON H. SHEWITZ

FIRST NAME

LAST NAME

Address

1757 RADNOR RD CLEVELAND HTS. 18. CUYA HOGA

NO

STREET

CITY

ZONE

COUNTY

Tel

YE 2-2183

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

IMPORTANT

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Newsom H. Shewitz

SIGNATURE _____